

**County of Los Angeles – Department of Mental Health
Countywide Housing, Employment & Education Resource Development
Federal Housing Subsidies Unit (FHSU)**

Pre-Authorization Request for FHSU Housing Resource (CoC, HS8, TBSH, or HCVP)

In order to be considered for a DMH/CHEERD/FHSU housing resource, the client must be matched to a housing resource through the Coordinated Entry System (CES). Before working on a housing application, please complete and **e-mail this form to FHSU@dmh.lacounty.gov**. FHSU will triage the referrals and determine the housing program your client will be assigned to: Continuum of Care (CoC), Homeless Section 8 (HS8), Tenant Based Supportive Housing Program (TBSH), or Housing Choice Voucher Program (HCVP).

Please DO NOT begin completing an application packet until you receive approval from FHSU.

Client Information (please print)

IBHIS Number:	Date:	Date of Birth:	Social Security Number:	Sex: Male Female
Client Last Name:		Client First Name:		Head of Household: No Yes
Enrolled in: FSP Homeless FSP Outpatient Care Services DMH Homeless Outreach Teams C3 VPAN CalWORKs Other MH Program (explain): _____			CES Survey Score	Family Size: # of Adults # of Minors Total Monthly Household Income
If applicable, please complete the following:				
If Client listed above is a Minor, Adult's Last Name:		Adult's First Name:	Head of Household: No Yes	Relationship to Minor: Sex: Male Female
Does the head of household have legal custody of the minor(s)? No Yes				

Agency/Clinic Information (please print)

Agency/Clinic:	Housing Liaison/Case Manager:	Service Area:
Email Address:	Phone Number:	

History of Homelessness

Provide a **3-year timeline** of client's housing / homelessness history. Attach a separate sheet if necessary.

For FHSU staff use only. Please DO NOT complete below.

Approved for: HACLA <input type="checkbox"/> CoC <input type="checkbox"/> TBSH <input type="checkbox"/> HS8	LACDA <input type="checkbox"/> CoC <input type="checkbox"/> HCVP	ICMS <input type="checkbox"/> Yes <input type="checkbox"/> No	CES Referral <input type="checkbox"/> CES for Adults <input type="checkbox"/> CES for Families <input type="checkbox"/> CES for Youth
Is client chronically homeless as defined by HUD? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, does client meet criteria for program under DedicatedPLUS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			